

X3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ORAL MEDICINE DISPENSER**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 10/026,852

on December 21, 2001

and was amended

on _____ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

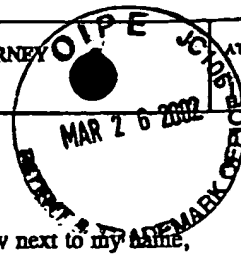
I acknowledge the duty to disclose information which is material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Great Britain	9914621.9	June 23, 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/GB00/00821	March 8, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER	
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
<p>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</p>					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONE
<p>PCT APPLICATIONS DESIGNATING THE U.S.</p>					
PCT APPLICATION NO.	DATE	PCT FILING	U.S. SERIAL NUMBERS ASSIGNED 6/1/99		
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and maintain all business in the Patent and Trademark Office connected therewith. (List name and registration numbers):</p>					
<p>THOMAS M. GALGANO, Registration No. 27,638 DANIEL P. BURKE, Registration No. 30,735</p>					
<p>Send Correspondence to: Thomas M. Galgano, Esq., Galgano & Burke 300 Rabro Drive, Suite 135, Hauppauge, New York 11788</p>				<p>Direct Telephone Calls to: (name and telephone number) (631) 582-6161</p>	
2	FULL NAME OF INVENTOR	FAMILY NAME CLARK	FIRST GIVEN NAME Malcolm	SECOND GIVEN NAME David	
(1)	RESIDENCE & CITIZENSHIP	CITY BARNET	STATE OR FOREIGN COUNTRY UK	COUNTRY OF CITIZENSHIP UK	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 17 Granville road	CITY Barnet	STATE & ZIP CODE/COUNTRY Hertfordshire EN5 4DU	
2	FULL NAME OF INVENTOR	FAMILY NAME CROFT	FIRST GIVEN NAME Bruce	SECOND GIVEN NAME Cameron	
(1)	RESIDENCE & CITIZENSHIP	CITY CRANBROOK	STATE OR FOREIGN COUNTRY UK	COUNTRY OF CITIZENSHIP UK	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS Flat B, St Dustins View, Carriers Road		CITY CRANBROOK	
2	FULL NAME OF INVENTOR	FAMILY NAME DAVIES	FIRST GIVEN NAME George	SECOND GIVEN NAME Calvin	
(1)	RESIDENCE & CITIZENSHIP	CITY CHOMBERG	STATE OR FOREIGN COUNTRY Ontario, Canada	COUNTRY OF CITIZENSHIP UK	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS Sunnifield Farm		CITY RR3 Chomberg	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE 10/3/02		DATE		DATE	



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ORAL MEDICINE DISPENSER

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 10/026,852

on December 21, 2001

and was amended

on _____ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

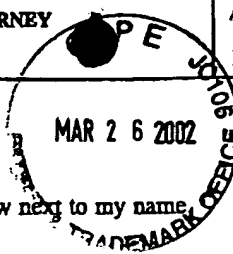
I acknowledge the duty to disclose information which is material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Great Britain	9914621.9	June 23, 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/GB00/00821	March 8, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>					ATTORNEY'S DOCKET NUMBER																																																							
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p> <p>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS</p> <p>DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">U.S. APPLICATIONS</th> <th colspan="3" style="text-align: left; padding: 2px;">STATUS (Check One)</th> </tr> <tr> <th style="text-align: left; padding: 2px;">U.S. APPLICATION NUMBER</th> <th style="text-align: left; padding: 2px;">U.S. FILING DATE</th> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: left; padding: 2px;">PATENTED</th> <th style="text-align: left; padding: 2px;">PENDING</th> <th style="text-align: left; padding: 2px;">ABANDONED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">PCT APPLICATIONS DESIGNATING THE U.S.</th> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: left; padding: 2px;"></th> </tr> <tr> <th style="text-align: left; padding: 2px;">PCT APPLICATION NO.</th> <th style="text-align: left; padding: 2px;">DATE</th> <th style="text-align: left; padding: 2px;">PCT FILING NUMBER</th> <th style="text-align: left; padding: 2px;">U.S. SERIAL NUMBER</th> <th style="text-align: left; padding: 2px;">ASSIGNED (if any)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						U.S. APPLICATIONS			STATUS (Check One)			U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED																			PCT APPLICATIONS DESIGNATING THE U.S.					PCT APPLICATION NO.	DATE	PCT FILING NUMBER	U.S. SERIAL NUMBER	ASSIGNED (if any)															
U.S. APPLICATIONS			STATUS (Check One)																																																									
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED																																																							
PCT APPLICATIONS DESIGNATING THE U.S.																																																												
PCT APPLICATION NO.	DATE	PCT FILING NUMBER	U.S. SERIAL NUMBER	ASSIGNED (if any)																																																								
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. <i>(List name and registration numbers):</i></p> <p>THOMAS M. GALGANO, Registration No. 27,638</p> <p>DANIEL P. BURKE, Registration No. 30,735</p>																																																												
<p>Send Correspondence to: Thomas M. Galgano, Esq., Galgano & Burke 300 Rabro Drive, Suite 135, Hauppauge, New York 11788</p>				<p>Direct Telephone Calls to: <i>(name and telephone number)</i> (631) 582-6161</p>																																																								
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME																																																								
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP																																																								
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY																																																								
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME																																																								
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP																																																								
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY																																																								
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME																																																								
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP																																																								
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY																																																								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>																																																												
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203																																																								
DATE		DATE		DATE																																																								



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ORAL MEDICINE DISPENSER

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States application
Serial No. 10/026,852
on December 21, 2001
and was amended
on _____ (if applicable).
- ☐ was filed as PCT international application
Number _____
on _____
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Great Britain	9914621.9	June 23, 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/GB00/00821	March 8, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER	
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS					
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	D ABANDONE
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	DATE	PCT FILING NUMBERS ASSIGNED (if any)			
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers):</p> <p>THOMAS M. GALGANO, Registration No. 27,638</p> <p>DANIEL P. BURKE, Registration No. 30,735</p>					
<p>Send Correspondence to: Thomas M. Galgano, Esq., Galgano & Burke 300 Rabro Drive, Suite 135, Hauppauge, New York 11788</p>				<p>Direct Telephone Calls to: (name and telephone number) (631) 582-6161</p>	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	